

# PURCHASE ORDER

Supplier : <b>BLESSED ST. JOHN PHARMACEUTICAL GENERAL MERCHANDISE</b>	P. O. No. <b>4063</b>
Address : <i>Unit 3 Otek Square Building, Otek Street, Baguio City</i>	Date <b>03/16/2021</b>
E-Mail Address :	Mode of Procurement
Telephone No. : <i>0921-923-9245/0920-423-6291</i>	<b>SVP 174</b>
TIN : <i>VAT 936079184000</i>	P.R No./s: <b>26</b>

Gentlemen: OBR # **9940-21-02-14**

Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: **City General Services Office, Baguio City** Delivery Term **7 Calendar Days**  
 Date of Delivery : Payment Term

**receipt of Purchase Order**


ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	1	LOT	<b>MEDICAL SUPPLIES</b>		
	497	bottle	<b>ETHYL ALCOHOL - ST. RAPHAEL</b> 70% solution, ethyl, 500 ml	71.50	35,535.50
	250	box	<b>NITRILE GLOVES - GREAT GLOVES ASSORTED BRAND</b> Disposable, Nonsterile, Latex, Powder-free, Ambidestrous, Rolled bead cuff, Finger textured, length at least 24 cm, Size: 50% Medium, 50% Large Conforms to EN 374 standard or equivalent of Manufacturer's Standard to be sold in box of 100 pieces	600.00	150,000.00
Purpose: Protecting and shielding the vulnerable population c/o DRRM					
Total Php					<b>185,535.50</b>

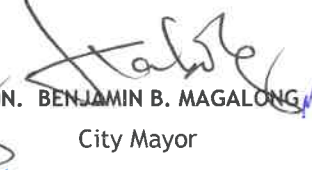
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(Total Amount in Words) **One Hundred Eighty Five Thousand Five Hundred Thirty Five Pesos and 50/100**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed.

*This is to certify that I have read the TERMS and CONDITIONS as contained at the back of this Purchase Order and I concur with all.*

Conforme:   
 Signature over printed name of Supplier  
**MIGUEL SAGOMAY JR**  
 Date **04-19-2021**

Very truly yours,  
  
**HON. BENJAMIN B. MAGALONG**  
 City Mayor

**RELEASED**

Date: \_\_\_\_\_  
 BY: \_\_\_\_\_